

**FOR BOARD AND OFFICE USE ONLY**

Date: \_\_\_\_\_ License #: \_\_\_\_\_

**KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY**  
**P.O. BOX 1360**  
**FRANKFORT, KY 40602**  
<http://bot.ky.gov>

**APPLICATION FOR LICENSURE AS AN OCCUPATIONAL THERAPY ASSISTANT**

*A nonrefundable application fee of \$35 (thirty-five dollars) for licensure must be attached to this form. Please make check or money order payable to the Kentucky State Treasurer. DO NOT SEND CASH. Please mail the completed application and the application fee to the address listed above.*

<input type="checkbox"/> <b>Temporary</b>		<b>Comments</b>
1.	Application Fee	<input type="checkbox"/>
2.	Evidence of completion of educational requirements and / or fieldwork (transcript / FEW)	<input type="checkbox"/>
3.	Letter of Supervision form stating:	<input type="checkbox"/>
	A. Willing to Provide Supervision	
	B. Responsible for applicant's activities	
4.	Proof of permission to work in the US (non-citizen)	<input type="checkbox"/>
5.	Confirmation of Eligibility Letter (NBCOT)	<input type="checkbox"/>

<input type="checkbox"/> <b>Full Licensure</b>		
1.	Application Fee	<input type="checkbox"/>
2.	Certified copy of college transcript	<input type="checkbox"/>
3.	Copy of large NBCOT certificate or score report	<input type="checkbox"/>
4.	Permission to work in the US (non-citizen)	<input type="checkbox"/>

<input type="checkbox"/> <b>Licensed in another state</b>		
1.	Application Fee	<input type="checkbox"/>
2.	Copy of current or initial large NBCOT certificate or score report	<input type="checkbox"/>
3.	Completion of state(s) verification form(s)	<input type="checkbox"/>
4.	Permission to work in the US (non-citizen)	<input type="checkbox"/>

If seeking temporary permit prior to full licensure, please check here: ☐  
I understand that passing the NBCOT exam does not constitute a license to practice Occupational Therapy. I must inform KBLOT and demonstrate proof of passing the NBCOT exam. I am not licensed in Kentucky until notified by KBLOT. ☐  
**201 KAR 28:180, Section 4.**

1. \_\_\_\_\_  
Name: Last First Middle

2. \_\_\_\_\_  
Home Address: Street City State Zip Code

3. \_\_\_\_\_  
Telephone Number Mobile Number Social Security Number Date of Birth

\_\_\_\_\_  
E-Mail Address

4. Are you a citizen of the United States? Yes ☐ No ☐ If no, name country of citizenship and furnish the Board a copy of your U.S. Department of Immigration documents which grant you legal permission to work in the United States. Country: \_\_\_\_\_

5. Have you ever been convicted of a felony? Yes ☐ No ☐ If yes, attach explanation.

6. Have you been convicted during the past five (5) years of a misdemeanor or any violation involving moral turpitude? Yes ☐ No ☐ If yes, attach explanation.

7. Have you ever been declared mentally incompetent by a court of competent jurisdiction and not thereafter been declared lawfully sane? Yes ☐ No ☐.

8. Have you ever been licensed as an occupational therapy assistant in any state? Yes ☐ No ☐  
If you answered "yes" to the previous question, please list these licenses below:

STATE	LICENSE NUMBER	EFFECTIVE DATES THROUGH
_____	_____	_____
_____	_____	_____

9. Have you ever been subjected to disciplinary action by a state licensure board, by NBCOT, or by the AOTA Standards and Ethics Commission? Yes ☐ No ☐ If yes, attach explanation.

10A. Is your license as an occupational therapy assistant currently under disciplinary review in another State? Yes ☐ No ☐.

10B. Have you ever had an application for licensure as an occupational therapy assistant rejected? Yes ☐ No ☐.

If the answer to 10A, or 10B is yes, attach a full explanation.

11. ACOTE Accredited Educational Program: Degree or Diploma That Qualifies Applicant

Name of School	City & State	Dates Attended	Type of Degree or Diploma
_____	_____	_____	_____

EDUCATION: Fieldwork Experiences: Is 16 weeks of Level II Fieldwork posted on your transcript? Yes ☐ No ☐ If no, attach documentation.

**12.** Employment history as an occupational therapy assistant. Begin with current or proposed employment and account for all time.

	FACILITY	CITY, STATE	DATES OF EMPLOYMENT	POSITION	PHONE #
PROPOSED:	_____	_____	_____	_____	_____
PRESENT:	_____	_____	_____	_____	_____
PAST:	_____	_____	_____	_____	_____

**If additional space is needed, please attach a separate sheet containing that information.**

APPLICANT'S AFFIDAVIT	
I, the applicant name in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license revoked by the Kentucky Board of Licensure for Occupational Therapy.	
Date _____	Applicant's Signature _____